EXHIBIT B

	CT		/ER	\sim 1	A 155.5
uu	31	C) II	лек.	GL	AUVI

		Claim Number
		Date Received
	BERNARD L. MADOFF INVESTMENT SE	CURITIES LLC
	In Liquidation	
	DECEMBER 11, 2008	
(Please pr	int or type)	
Name of C Mailing A	Customer: WaterShed Foundation ddress: 40 Sunnyside Drive	
City:	nverness State: CA	Zip: 94937
Account N	Vo.: 12 A197	501
Taxpayer	I.D. Number (Social Security No.): 68-0183	2200
	RECEIVED BY THE TRUSTEE ON OR BEFO RECEIVED AFTER THAT DATE, BUT ON OR B SUBJECT TO DELAYED PROCESSING AND TO LESS FAVORABLE TO THE CLAIMANT. PLEASE CERTIFIED MAIL - RETURN RECEIPT REQUEST	EFORE July 2, 2009, WILL B BEING SATISFIED ON TERM ESEND YOUR CLAIM FORM B
****	*************************************	****************
1. (Claim for money balances as of December 11,	2008:
*	a. The Broker owes me a Credit (Cr.) Balanc	e of \$ 0 N/A
k	b. I owe the Broker a Debit (Dr.) Balance of	\$ ONA
	c. If you wish to repay the Debit Balance,	
	please insert the amount you wish to repa	y and
•	attach a check payable to "Irving H. Picaro	•
	Trustee for Bernard L. Madoff Investment	• • •

If you wish to make a payment, it must be enclosed

with this claim form.

If balance is zero, insert "None."

d.

Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

	<u>-</u>	YES	NO NO
a.	The Broker owes me securities		
b.	I owe the Broker securities		
· c.	If yes to either, please list below:		
		Number o <u>Face Amou</u>	f Shares or nt of Bonds
Date of Transaction (trade date)	Name of Security	The Broker Owes Me (Long)	I Owe the Broker (Short)
	See the November 30, 2008		
· · · · · · · · · · · · · · · · · · ·	Account statement attached	P	
	at Exhibit B.		
		http://	
•		•	

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES ~	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.	· · · · · · · · · · · · · · · · · · ·	/
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		<u>/</u>
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		~
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	•	<u>/</u> .
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	Bernard Madoff	
9 , .	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.	•	V
	Please list the full name and address of anyone as preparation of this claim form: Brian J. Neville 1418 Broadway Swite 1407 New York NY	Esq., Lax - Neville	11999

9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker	
·	Please list the full name and address of anyone assisting you in the preparation of this claim form:	
	annot compute the amount of your claim, you may file an estimated claim. In t lease indicate your claim is an estimated claim.	hat
CONVI	A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLA CTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 (SONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.	
	OREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF I	ΜY
Date	6/30/09 Signature SPNHX, Per WSF	
Date	Signature	
	ership of the account is shared, all must sign above. Give each owner's nan s, phone number, and extent of ownership on a signed separate sheet. If oth	

address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

LAX

LAX & NEVILLE, LLP ATTORNEYS AT LAW

1412 Broadway, Suite 1407 New York, NY 10018 Tel (212) 696-1999 Fax (212) 566-4531 www.laxneville.com

> OF COUNSEL: DAVID S. RICH

BARRY R. LAX BRIAN J. NEVILLE

BRIAN MADDOX SANDRA P. ESPINOSA RAQUEL TERRIGNO

June 30, 2009

VIA FEDERAL EXPRESS

Irving H. Picard
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Avenue, Suite 800
Dallas, TX 75201

RE: Watershed Foundation/Bernard L. Madoff Investment Securities LLC

Dear Mr. Picard:

This firm represents the Watershed Foundation and has assisted it in the preparation of its Bernard L. Madoff Investment Securities LLC ("Madoff Securities" or "Madoff") SIPC Customer Claim form. Enclosed herein you will find a completed Customer Claim Form for the Watershed Foundation account. Additionally, below is a description of the relationship between the Watershed Foundation and Madoff Securities. The statements made in this letter are true and accurate to the best of our knowledge and belief, and are being provided to support the Watershed Foundation SIPC claims.

In or about August 2002, Gordon Bennett opened the Watershed Foundation account with Madoff Securities. Attached as Exhibit A are Charity Annual Registration Renewal Fee Reports for the Watershed Foundation. Withdrawals were made from the account to pay taxes and foundation expenses, and for charitable annual disbursements as required by law. The

08-01789-cgm Doc 1015-2 Filed 11/24/09 Entered 11/24/09 15:46:58

Irving H. Picard June 30, 2009 Page 2 of 3

account was treated as an endowment, taking annual withdrawals roughly in the amount of

annual profits less inflation. The balance in the Watershed Foundation account as of November

30, 2008 is \$272,863.95. The Watershed Foundation November 30, 2008 account statement is

attached as Exhibit B. The Watershed Foundation has paid to the IRS all appropriate capital

gains taxes that resulted from the Madoff Securities account.

The Watershed Foundation received account statements from Madoff indicating the

purchases and sales of securities during that month, and listing each of the open securities

positions held in the account. The securities listed on these statements were real, widely held

securities and their prices could be readily verified against objective and publicly available

market information. Based upon the account statements and the confirmations, the Watershed

Foundation at all times expected to have those securities in its account. The Watershed

Foundation always believed SIPC coverage would cover the securities listed as being in the

account should Madoff Securities ever fail.

Conclusion

The Watershed Foundation is seeking the full protection of SIPA for its account as

follows:

Account No: 1-ZA197

Watershed Foundation

Total =**\$272,863.95**

08-01789-cgm Doc 1015-2 Filed 11/24/09 Entered 11/24/09 15:46:58 Exhibit E

NEVILLE Irving H. Picard

Irving H. Picard June 30, 2009 Page 3 of 3

If there are any questions regarding this matter or if you require additional documents and information, please do not hesitate to contact me. Thank you.

Very truly yours, Lax & Neville, LLP

Bv:

Brian J. Neville

ENC.

EXHIBIT A

Registry of Charitable Trusts

Sacramento, CA 94203-4470

Telephone: (916) 445-2021

http://ag.ca.gov/charitles/

WEB SITE ADDRESS:

MAIL TO:

P.O. Box 903447

REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12687, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Fallure to submit this report annually no later than four months and fifteen days after the railure to submit this report annually no later than rour months and fitteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12598.1. IRS extensions will be honored.



						<u> </u>		
	State Charity Registration Number	T-75304			if: nge of address inded report	and the second s		
١	Name of Organization 40 Sunnyside Dr	· · · · · · · · · · · · · · · · · · ·		_		D-1628412		
	Address (Number and Street) Inverness, CA 94937			Corpo	rate or Organization	No		
l	City or Town, State and ZIP Code			Federa	al Employer I.D. No.			
	ANNUAL R	EGISTRATIO	N RENEWAL FEE SCHEDULE (11 Cal ayable to Altorney General's Registry	. Code Regi y of Charita	s. sections 301-307, ble Trusts	811 and 312)		
ľ	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Res	enue		Fêe
	Less than \$25,000 Between \$25,000 and \$100,000	0 \$25	Between 100,001 and \$250,000 Between \$250,001 and \$1 million	\$60 \$76	Between \$1,000,6 Between \$10,000, Greater than \$50	11 and \$10 million \$1 and \$50 million million	n	\$150 \$225 \$300
	PART A - ACTIVITIES				•	4		
ľ	For your most recent full ac	counting per	iod (beginning 7 / 1 / 04	ending 6	30 ,05) Hst:		
	Gross annual revenue \$2	2,699	Total assets	252,619	the same of the sa	! !		
ľ	PART B - STATEMENTS REG	ARDING OR	GANIZATION DURING THE PERIO	OD OF THE	S REPORT			
	Note: If you answer "yes" to a	ny of the que	stions below, you must attach a sepa uctions for information required.			ition and details fo	r each "	yes"
	During this reporting period, we officer, director or trustee then	ere there any sof either direc	contracts, loans, leases or other financi city or with an entity in which any such o	al transactio fficer, direct	ns between the orga or or trustee had any	hization and any financial interest?	Yes	No
	During this reporting period, w	as there any t	heñ, embezziement, diversion or misusc	e of the orga	nization's charitable	property or funds?		×
_			n expenditures exceed 50% of gross rev					×
_	 During this reporting period, vinternal Revenue Service, atta 	ere any organ ch a copy.	nization funds used to pay any penalty, f	ine or judgm	ent? If you filed a Fi	rm 4720 with the		×
!	 During this reporting period, we provide an attachment listing ti 	ere the service re name, addr	es of a commercial fundraiser or fundraises, and telephone number of the servi	sing counsel ce provider	for charitable purpo	ies used? If "yes,"	[×
1								×
_					:			×
_			ation program? if "yes," provide an atta stracts with a commercial fundraiser for	A SIGNATOR PI	ואיסאטעווע, אויט			*
9	Did your organization have preprended?	pared an audit	ed financial statement in accordance wi	th generally	accepted accounting	principles for this		X
¢	organization's area code and telepho	ne number (415 663 1881			······································	السنسا	ليكينا
<u>_</u>	organization's e-mail address Abatr	nuirb@aol.	com					
t	declare under penalty of perjury the later, correct and complete,	at I have exa	mined this report, including accompa	inying docu	iments, and to the	est of my knowled	ge and b	elief.
	(HUNCH		Gordon Bennett	ī	Pres	1	/15/2005	1
_	Signature of authorize		Printed Name		Title		Date	
		*	· · · · · · · · · · · · · · · · · · ·				-4.0	[

Pa 11 of 20

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 84203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12688 and 12687, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Pailure to submit this report annually no later than four months and lifteen days after the end of the organization's accounting period may result in the less of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12686.1. It's extensions will be honored.



				<u></u>		
State Charity Registration Number	5304		Check I	if: ige of address	•	
Watershed Foundation			1=		:	
Name of Organization			LJAmei	nded report	1628412	
40 Sunnyside Dr Address (Number and Street)			Corpor	ate or Organization No. 🗕		
Nverness, CA 94937	<u> </u>		- Fodora	i Employer I.D. No. 68-01	\$ 3506	
City or Town, Blade and ZIP Code	,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u> </u>	<u></u>
ANNUAL REGIS Make	TRATION RENEWAL Check Payable to Al	FEE SCHEDULE (11 Cal. torney General's Registry	Code Regs of Charitat	. sections 301-307, 311 an de Trusts	4 312)	
Gross Annual Revenue	Fee Gross Ani	ual Ravenue	Fee	Gross Annual Revenue	:	Fee
Less than \$25,000	Between 1	60,001 and \$250,000	\$50	Between \$1,000,001 and	\$10 million	\$160
	\$25 Between \$	250,001 and \$1 million	\$75	Between \$10,000,001 and Greater than \$50 million	§ 650 million	\$226 \$300
				0722301 (11211 VO 111111211)	÷	
PART A - ACTIVITIES			 			
For your most recent full accoun	nting period (beginni		ending 6	. / 30 , 06 .) list:		
Gross annual revenue \$		Total assets \$	252,909		· -	•
PART B - STATEMENTS REGARD	ING ORGANIZATI			S REPORT		
					ed details for	each "yes"
Note: If you answer "yes" to any of response. Please review RR	F-1 instructions for	n, you must action a separation required.	THE STREET P	NOVELING AN EXPLANATION	······································	
1. During this reporting period, were t		ana laggar ar albar ligansh	al francesc ti o	ne habinan the organization	t sod sm	Yes No
 During this reporting period, were to officer, director or trustee thereof e 	mere any convecus, with a	n entity in which any such o	fficer, direct	or or trustee had any financi	hiterest?	
2. During this reporting period, was the	here any theft, embez	element, diversion or misus	of the orga	nization's charitable proper	y or funds?	
3. During this reporting period, did no	n-program expenditu	res exceed 50% of gross rev	renues?			×
During this reporting period, were internal Revenue Service, attach a	any organization fund	is used to pay any penalty, f	ngbul to eni	ent? If you filed a Form 47	20 with the	×
5 During this connecting period warm t	the services of a com-	mercial fundraiser or fundral	sing counse	i for charitable purposes use	d? If "yes,"	
provide an attachment listing the n	ame, address, and te	ephone number of the servi	ce provider.		·	×
6. During this reporting period, did the the agency, mailing address, contains	e organization receive ect person, and teleph	any governmental funding? one number.	If so, provi	de an attachment listing the	name of	7 852
7. During this reporting period, did the number of raffles and the date(s) the	e organization hold a hey occurred.	raffle for charitable purpose	s? If "yes,"	provide an attachment indiq	iting the	×
8. Does the organization conduct a ve		m? If "ves." provide an attr	achment Ind	Icating whether the program	is operated	
by the charity or whether the organ	ization contracts with	a commercial fundraiser for	charitable (xurposes.		×
Did your organization have prepare reporting period?	ed an audited financia	I statement in accordance w	rith generalij	y accepted accounting prind	lples for this	
Organization's area code and telephone	number (415	663 1881				
Organization's e-mail address gbatmu	irb@aol.com					
	1 have avening that	accord including acco	anules de	Allenante and to the book	A man bearing	too
I declare under penalty of perjury that it is true, correct and complete.	i nave examined this	s report, including accomp	panying do	ouments, and to the best 4	ir my knowled	ige,and/belief,
) (of wording		Gordon Bennett		Pres	7	794,2006
Signature of authorized	officer	Printed Name		Title		Date

Pg 12 of 20

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (918) 445-2021

WEB SITE ADDRESS:

MAIL TO:

http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing panelities as defined in Government Code section 12586.1. IRS extensions will be honored.



			· ·		·		
State Charity Registration Number Watershed Foundation. Name of Organization 40 Sunyside Or Address (Number and Street) Inverness, CA 94937 City or Town, State and ZIP Code	T-75304		Corpor	nge of address nded report ate or Organization No	D-1628412 		
						<u>,,</u> ,,	
ANNUAL R	EGISTRATIO lake Check F	N RENEWAL FEE SCHEDULE (11 Cal. Payable to Attorney General's Registry	of Charitab	, sections 301-307, 311 ple Trusts	l and 312)		
Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Reven	Me	1	Fee _
Less than \$25,000 Between \$25,000 and \$100,000	0 \$25	Between 100,001 and \$250,000 Between \$250,001 and \$1 million	\$50 \$75	Between \$1,000,001 (Between \$10,000,001 Greater than \$50 mill	and \$50 million		150 225 300
PART A - ACTIVITIES				·			
For your most recent full ac	counting pe	iod (beginning 7 / 1 / 06	ending 6	/ 30 , 07) fin	nt: "		
Gross annual revenue \$	6,120	Total assets \$	259,563				
		RGANIZATION DURING THE PERIC	D OF THE	8 REPORT			
Note: If you answer "yes" to a	ny of the que	estions below, you must attach a separations for information required.	rate sheet p	roviding an explanatio	n and details for	each "ye	∌ 8″
During this reporting period, we officer, director or trustee there	vere there any eof either dire	contracts, loans, leases or other financi- ctly or with an entity in which any such o	al transaction fficer, directo	ns between the organiza or or trustee had any find	ition and any incial interest?	Yes	No No
2. During this reporting period, v	as there any	theft, embezziement, diversion or misuse	of the orga	nization's charitable pro	perty or funds?		×
3. During this reporting period, d	id non-progra	m expenditures exceed 50% of gross rev	enues?		<u> </u>		×
During this reporting period, \\ Internal Revenue Service, attr	were any orga	nization funds used to pay any penalty, f	ine or judgm	nent? If you filed a Form	4720 with the		×
5. During this reporting period, we provide an attachment listing	rere the servi the name, ad	ces of a commercial fundraiser or fundrai dress, and telephone number of the servi	sing counse ce provider.	l for charitable purposes	used? If "yes,"		×
6. During this reporting period, d the agency, mailing address.	id the organiz	ation receive any governmental funding? n, and telephone number.	If so, provi	de an attachment listing	the name of		×
During this reporting period, d number of raffles and the date	id the organia (s) they occu	ation hold a raffle for charitable purpose rred.	5? If "yes," p	provide an attachment in	dicating the		×
8. Does the organization conductor the charity or whether the conductors are the conductors.	t a vehicle do organization o	nation program? If "yes," provide an att ontracts with a commercial fundraiser for	achment ind charitable p	icating whether the prog purposes.	ram is operated		×
Did your organization have proporting period?	epared an au	dited financial statement in accordance v	vith generally	y accepted accounting p	rinciples for this		X
Organization's area code and teleph	one number	(415) 663 1881					
Organization's e-mail address <u>gba</u>	tmuirb@ad	ol.com					
I declare under penalty of parjury		xamined this report, including accom	sanying do	cuments, and to the be	at of my knowled	ige and t	oelief,
it is true, correct and complete.	m	Gordon Bennett		President	2	/15/2008	з
Signature of autho	rized officer	Printed Name		Title		Date	

Pg 13 of 20 ANNUAL

Registry of Charitable Trusts

P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

MAIL TO:

http://ag.ca.gov/charities/

REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12588 and 12687, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting parlod may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12896.1. (RS extensions will be honored.



			Τ		4.
State Charity Registration Number	Γ-75304	· · · · · · · · · · · · · · · · · · ·	Check	if: nge of address	,
Watershed Foundation			<u> </u>	_	
Name of Organization			LAme	nded report	
40 Sunnyside Dr Address (Number and Sires)			Coroo	rate or Organization No.	
Inverness, CA 94937			1	68-0183506	
City of Yown, State and ZIP Code			Federa	I Employer I.D. No.	
ANNUAL RE	GISTRATIC	N RENEWAL FEE SCHEDULE (11 Cal. C Payable to Attorney General's Registry o	ode Rege f Charital	s, sections 301-307, 311 and 312) ble Trusts	
Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	<u>F40</u>
Leas than \$25,000 Between \$25,000 and \$100,000	0 \$25	Between 100,001 and \$250,000 Between \$250,001 and \$1 million	\$50 \$75	Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$60 million	
PART A - ACTIVITIES					
For your most recent full acc					
Gross annual revenue \$\$2	8,764	Total assets \$	\$263,74	3	
		RGANIZATION DURING THE PERIOD	OF TH	S REPORT	
Note: If you answer "yes" to an response. Please review	y of the que RRF-1 inst	stions below, you must attach a separa ructions for information required.	te sheet p	providing an explanation and details fo	r each "yes"
					Yes No
1. Ouring this reporting period, we	ne there any	contracts, loans, leases or other financial	transactio	ns between the organization and any	manage of the last
officer, director or trustee there	of either dire	ectly or with an entity in which any such office	cer, direct	or or trustee had any financial interest?	×
2. During this reporting period, wa	s there any	theft, embezzlement, diversion or misuse o	of the orga	nization's charitable property or funds?	×
3. During this reporting period, dk	1 non-progra	m expenditures exceed 50% of gross reve	nues?		×
During this reporting period, we internal Revenue Service, attack	ere any orga ch a copy.	nization funds used to pay any penalty, fin	e or judgm	nent? If you filed a Form 4720 with the	K
5. During this reporting period, we provide an attachment listing the	re the servi e name, ad	ces of a commercial fundraiser or fundraising dress, and telephone number of the service	ng counse provider.	ol for charitable purposes used? If "yes,"	K
During this reporting period, did the agency, mailing address, co	i the organiz ontact perso	ation receive any governmental funding? (n, and telephone number.	lf so, provi	ide an attachment listing the name of	
During this reporting period, dic number of raffles and the date(the organia s) they occu	ration hold a raffle for charitable purposes? rred.	if "yes,"	provide an attachment indicating the	
Does the organization conduct by the charity or whether the or	a vehicle do ganization o	nation program? If "yes," provide an attac ontracts with a commercial fundraiser for c	hment ind haritable p	iloating whether the program is operated ourposes.	
Did your organization have pre- reporting period?	pared an au	dited financial statement in accordance will	n generall	y accepted accounting principles for this	
Organization's area code and telepho	ne number	415 663 1881			
Organization's e-mail address <u>Gbati</u>	muirb@a	ol.com			
I declare under penalty of perjury tit is true, correct and complete.	hat I have e	xamined this report, including accompa	nying do	cuments, and to the best of my knowle	idge and belief,
/ GINLIY	1	Gordon Bennett		President	10/15/2008
Signature of authoris	zed officer	Printed Name		Title	Date

EXHIBIT B

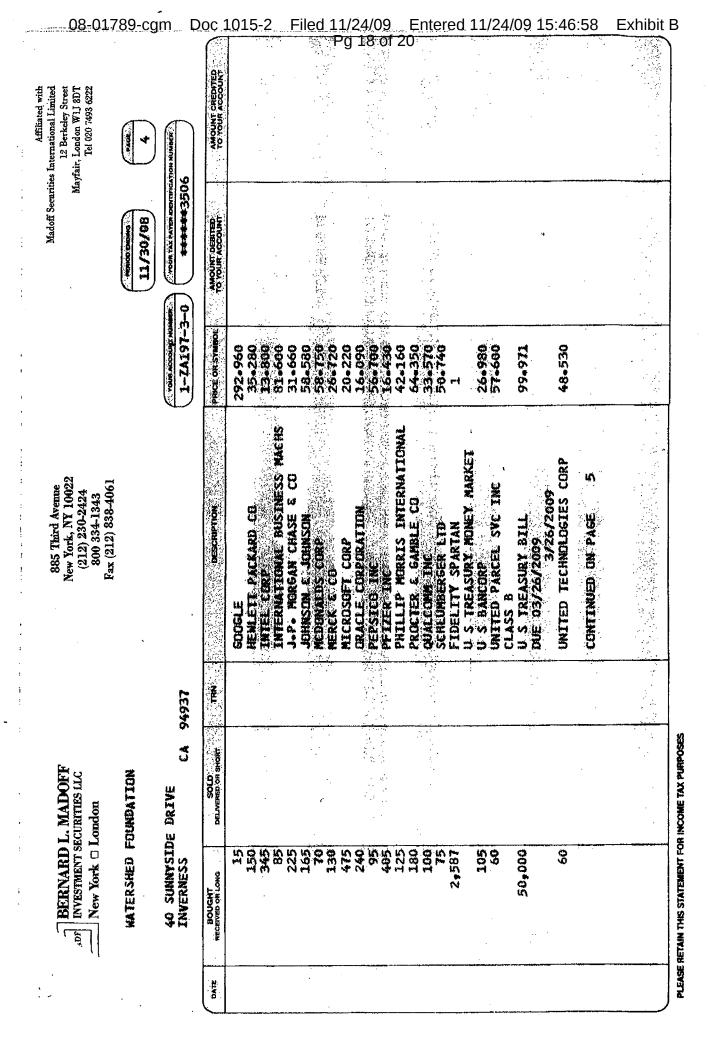
08-017	89-cg	m D	000	L01	5-2	Fil	ed :	11/ Pg	24/0 15	09 of	E 20	nte	red	11	/24/	09	15	:46:	58	Ex	hibit	B
Affiliated with Madoff Securities International Limited 12 Berkeley Street Mayfair, London W1,3 BDT Tel 020 7493 6222	PAGE	TTON NUMBER	AMOUNT CRED	TO T						* . .										-		
	*Zarco Broxico 11/30/08	VOUR TAX PAYER IDENTIFICATION HUMBER	AMOUNT DEBITED TO YOUR ACCOUNT	14,975-53	6,266-90	7,262.90	7,420,95	5,018-95	89678-25	3,877,90	3,716.50	44161-00	59361-95	5.300.00	13,541.40	5,455,00	59.489.00	4,078-75				
		1-ZA197-3-0	PRICE OR SYMBOL		29-800	55-830	72-880	14-510	2 P	55.370	28-550	14 300 14 300	100.780	16-940	64-080	93-600	21-590	12.510				
885 Third Avenne New York, NY 10622 (212) 230-2424 800 334-1343 Fax (212) 838-4061			DESCRIPTION	BALANCE FORMARD	MELLS FARGO E CO NEW	MAL-MART STORES INC. INTERNATIONAL BASTANCE	EXXEN MIBIT CORP	JOHNSON & JOHNSON	P. MORG	DONAL	MERCK & CO MICROSOFT CORP	RACLE CRACKATON	APPLEINC	ABBOIT LABORATORIES	PRECTER & CAMBLE CO	PHILLIP MORRIS INTERNATIONAL	O'ALC:NE EXT	CITI GROUP INC	CONTINUED ON PAGE			
		15676	TRN		1339	5163	9489	14317	18642 22968	27294	35946	53250	53752	58078	61902	66228	70554	71056				
BERNARD L. MADOFF Investment securities llc New York 🗆 London	DUNDATION	DRIVE CA	SOLD PELIVERED ON SHORT								-											INCOME TAX PURPOSES
BERNARD L. MADOF	WATERSHED FOUNDATION	40 SUNNYSIDE INVERNESS	RECEIVED OR LONG	····	210	130	315	165	126	02	475	240	15 S	38	180	125	28	325				PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES
		·	DATE		11/12	11/12	11/12	11/12		13/12	11/12	11/12	11/12	11/12	11/12	23,612	11/12	11/12				PLEASE RE

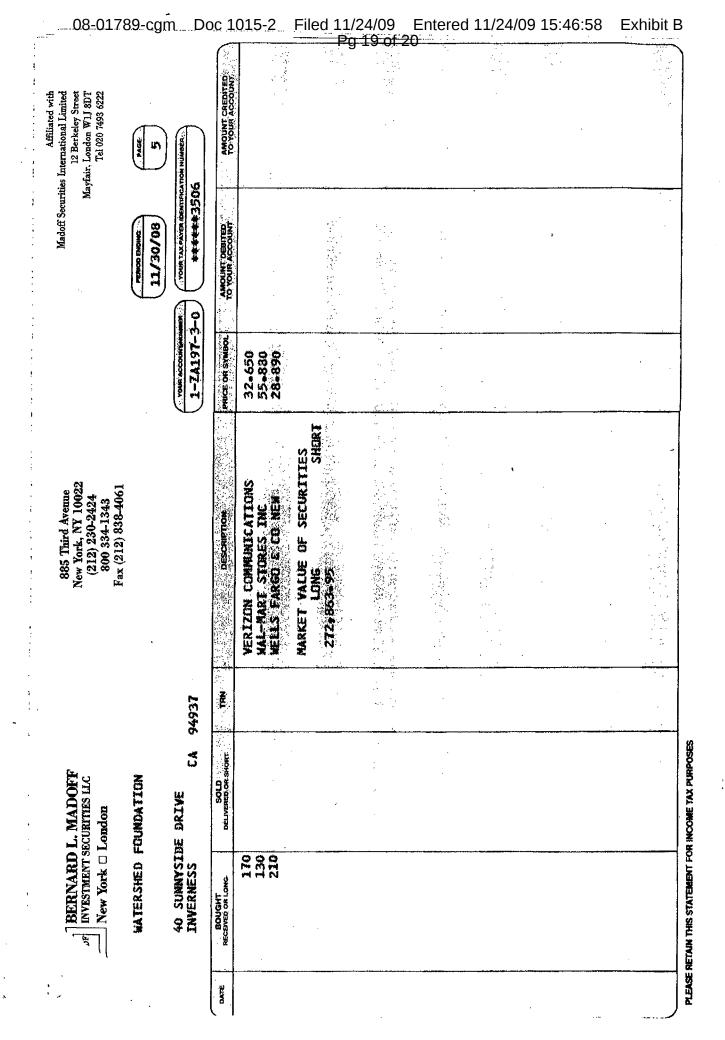
有一种 医克尔特氏 医克特特氏 化苯甲基甲基甲基甲基甲酚 医阿拉特氏病 医多种

10

	BERNARD L. MADOF	BERNARD L. MADOFF INVESTMENT SECURTIES LLC New York 🗆 London		885 Third Avenue New York, NY 10022 (212) 230-2424 800 334-1343 Fax (212) 838-4061		Madoff Securiti Ma _:	Affiliated with Madoff Securities International Limited 12 Berkeley Street Mayfair. London WIJ BDT Tel 020 7493 6222 C
	MATERSHED FOUNDATION	FOLNDATION				11/30/08	9-cgm
*** *********	40 SUNNYSIDE INVERNESS	DRIVE	94937		1-ZA197-3-0		\ <i>(</i> **)
DATE	BOUGHT RECEIVED OR LONG	SOLD DELIVERED OR SHORT	TRN	DESCRIPTION	PRICE OR SYMBOL	AMOUNT DEBITED	AMOUNT CREDITED
11/12	75.		75303	SCHLUMBER GER LTD	49-480		
43.84) (A		7		16-510	2,978,80	2
11/12	7 8		79206		27	9,599-00	File
11/12	0.9		83532	UNITED PARCEL SYC INC	52.510	4,128,90	ed
11/12	365		45046	CLASS B TEN THE CLISCO SYSTEMS THE			11/: Pg
11/12	105		87858	U S BANCORP	29-530	3.104.65	24/ 16
11/12	18			CHEWON CORP	73-430	9,183-75	/09 6 of
11/12	635		92686	GENERAL ELECTRIC CO	19.630	12.490.05	20
11/12	3 23		96510	VERIZON COMMUNICATIONS	30-410	5,175-70	≣nt
23/25		225,000	23465	U.S. TREASURY BILL THE 231 27 2000	96.996	29061-00	er ®>928*52
11/12				2/12/20 2/12/20 FIDE: TTV COADTAN			11
				U S TREA		. :	8 4
11/12		40,101	18547	11/12/68 11TY SPAI	pril		/0%
11/12	37,565		37	U S TREASURY MONEY MARKET FIDELETY SPARTAN	**************************************	the state of the s) 9
11/19		-		U S TREASURY HUNEY MARKET		90.000 FJ	46
				TREAS			4
				CONTINUED ON PAGE 3			Ext
			7 (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)				nibit
				では、主要の意思とは一般ないと、要なないという。			В
PLEASE RE	PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES	INCOME TAX PURPOSES					

08-01789-cgm Entered 11/24/09 15:46:58 Doc 1015-2 Filed 11/24/09 Exhibit B 37,565.00 AMOUNT CREDITED TO YOUR ACCOUNT Affiliated with Madoff Securities International Limited 12 Berkeley Street Mayfair. London W11 8DT Tel 020 7493 6222 YOUR TAX PAYER IDENTIFICATION NUMBER ******* 49+963-00 2,587-00 28,945,67 AMOUNT DEBITED TO YOUR ACCOUNT 11/30/68 PERIOD ENDING 1-ZA197-3-0 YOUR ACCOUNT NUMBER PRICE OF SYMBOL KT PRICE 926*66 28-568 52-390 55-540 92-670 16-250 16-540 658.870 79.010 17-340 52-520 80-150 17-170 U S TREASURY MONEY MARKET FIDELITY SPARTAN U.S. TREASURY MINEY, MARKET U.S. TREASURY BILLI New York, NY 10022 885 Third Avenue Fax (212) 838-4061 SECURITY POSITIONS (212) 230-2424 800 334-1343 APPLE INC.
BANK OF AMERICA
CHEVRON CORP 3/26/2009 ARGEN INC ABBOTT LABORATURIES DESCRIPTION DUE 03/26/2009 GENERAL ELECTRIC CO EXCON MOBIL CORP FIDELITY SPARTAN CONTINUED ON PAGE CISCO SYSTEMS IN CITI SRUSP INC CONDEGRATETAS COEA COLA CB COMEAST CORP NEW BALANCE ATET INC 57930 53428 62464 No. 94937 37,565 SOLD DELIVERED OR SHORT PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES TBERNARD L. MADOFF DE | INVESTMENT SECURITIES LLC HATERSHED FOUNDATION 40 SUNNYSIDE DRIVE INVERNESS 📙 New York 🗆 London 50,000 2,587 315 BOUGHT RECEIVED OR LONG 11/19 11,719 11/19 DATE





1/24/09 2/2 20 of 20 18,946 Entere 14,976000 7,895-00 Filed 08-01789-cgm 11/24/09 15:46:58 Doc Exhibit B AMOUNT CREDITED TO YOUR ACCOUNTO Affiliated with Madoff Securities International Limited 12 Berkeley Street Mayfair, London W1J 8DT Tel 020 7493 6222 *** YOUR TAX PAYER IDENTIFICATION NUMBER ****** 8,905-00 15,005.00 1,505,00 11/30/08 AMOUNT DEBITED TO YOUR ACCOUNT PENOD ENDING 1-ZA197-4-0 YOUR ACCOUNT NUMBER MKT PRICE 23-300 PRICE OR SYMBOL 15-800 17.800 16.500 56 30 11) 37 11,650.00-SHORT MARKET VALUE OF SECURITIES New York, NY 10022 (212) 230-2424 Fax (212) 838-4061 885 Third Avenue 800 334-1343 SECURITY POSITIONS NOVEMBER 460 CALI DECEMBER 430 CAL DVENBER 460 CAL S E P 100 INDEX DECEMBER 430 CALI NOVEMBER 450 PUT ECEMBER 420 PUT NOVEMBER 450 PUT S & P 100 INDEX DECEMBER 420 PUT BALANCE FORMARD S & P 100 INDEX S E P 100 INDEX S E P 100 INDEX S & P 100 INDEX S E P 100 INDEX S & P 100 INDEX NEW BALANCE 1086 8,250,00 39353 43678 44598 48924 35028 48003 Ĭ 94937 n in ហ S CA PLEASE RETAIN THIS STATEMENT FOR INCOME TAX PURPOSES SCLD DELIVERED OR SHORT BERNARD L. MADOFF INVESTMENT SECURITIES LLC WATERSHED FOUNDATION 40 SUNNYSIDE DRIVE INVERNESS New York

London 11) K in ī BOUGHT RECEIVED OR LONG MADF 11/19 11/19 11/12 31/12 11/19 11/19 DATE

V 3